Passionate Homecare Ltd

My Homecare Leicester

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service
My Homecare Leicester is a domiciliary care agency providing personal care to people living in their own homes. At the time of our inspection there were 23 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found
People did not have specific health condition care plans and risk assessments in place . We have recommended the provider considers current guidance on how to support people's specific health conditions with risk assessments.

People and their relatives felt safe. Systems and processes were in place to identify and report any safeguarding concerns.

People received medicines safely and staff were trained to administer them.

People were supported by a consistent staffing team, who had enough time to carry out the support people required.

People's preferences and choices were recorded. Staff worked alongside people and their families to meet people's care needs.

People were supported by caring and compassionate staff.

Staff respected people's wishes and worked to promote their independence.

The service was well-led. Systems and processes were in place to enable effective running of the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected
This service was registered with us on 11 December 2020 and this is the first inspection.
Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

My Homecare Leicester

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection was undertaken by one inspector.
An Expert by Experience made telephone calls to people's relatives.
An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was not a registered manager in post.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 June 2022 and ended on 1 July 2022. We visited the location's office on 29 June 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with the nominated individual, director and manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.
We reviewed four care plans and risk assessments of people living at the service and medicine administration records.
We reviewed three staff files, and also a variety of policies, procedures and documents.
We spoke with six staff members.
We also spoke with two people who used the service and three relatives to understand their experiences.
Following the inspection we continued to seek clarification from the provider to validate our findings.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

● People's safety was monitored. Risk assessments were in place regarding how to safely support people to mobilise and attend to their nutritional needs. Specific health condition risk assessments however were not always in place. We reviewed four people's risk assessments and found risk assessments for Diabetes and Epilepsy were not in place. This meant staff did not have information and guidance on how to identify signs of deterioration, or what to do in an emergency. This meant people could be exposed to risk of unnecessary harm.

●Records were kept. Staff completed records of people's needs and support they had received. Information regarding people's changing needs were monitored and medical support and advice was sought as required.

● Environmental and fire risk assessments were completed. Staff were aware of any risks in people's own homes and were able to ensure safe working took place. This meant people and staff would be safe.

We have recommended the provider considers current guidance on how to support people's specific health conditions with risk assessments.

Staffing and recruitment

● Recruitment processes were not always consistently applied. We reviewed three staff files and found gaps in employment history. References and Disclosure and Barring (DBS) checks however were completed and in place. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. We raised this with the nominated individual who was receptive to the feedback during inspection.

● Staffing was consistent. People received care and support from a consistent team of staff. Relatives of people using the service told us staff were regular and consistent. The manager and nominated individual told us a small staffing team was introduced to people which limited the likelihood of staff who did not know people providing care.

● Staff were not rushed. Care call times were scheduled allowing staff time to travel between people's homes. A staff member told us, "There is travelling time between each and every call, there is enough time." People and their relatives felt staff supported them with all the things they needed in a calm manner.

Systems and processes to safeguard people from the risk of abuse

● People felt safe. One relative told us, "The carers know what they are doing and certainly keep [person's

name] safe." Another relative told us, "I am happy [person's name] is safe with the staff."
● People were safeguarded from the risk of harm. Staff understood what safeguarding concerns could be. A staff member told us, "If there are any concerns, like abuse or serious concerns we report to the office, they sort it." Staff had confidence concerns would be investigated and reported to the local authority accordingly.

Using medicines safely
● People received medicines. We reviewed medicine administration records (MARs) for some people and found they were being appropriately completed. This meant we were assured people were receiving their prescribed medicines.
● Staff received training. Staff undertook medicines training and competency checks before they were able to administer medicines to people. Staff did not administer medicines such as insulin injections. District nurses administered these medicines solely as staff had not been trained to do so.
● Medicine audits were completed. These identified any issues which the manager and nominated individual raised with staff and investigated. Actions were taken and this information was then shared with staff.

Preventing and controlling infection
● Staff used personal protective equipment (PPE). A relative told us, "I've never seen any of the staff without their masks, gloves and aprons and they take them away with them." This helped to prevent the transmission of COVID-19 and other viruses.
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was accessing testing for people using the service and staff.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● Lessons were learned. Any incidents or complaints were investigated, and actions were taken to improve the service. This learning and information was shared with staff via regular updates and team meetings to inform their practice.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care plans focused on people's needs. Information detailing people's protected characteristics (e.g. religion/gender etc), preferences and wishes were recorded. One person told us, "I would say the staff know me and how to care for me." This meant staff had information and guidance about how to meet people's needs and support their choices .
- People's needs were reviewed. Staff worked alongside health and social care professionals to review people's care. This meant staff were aware of how to meet people's needs as they changed in line with best practice guidance.

Staff support: induction, training, skills and experience

- Staff were trained. A training programme was available to staff to ensure they had relevant skills and knowledge to support people. The provider encouraged people to undertake The Care Certificate training, and incentivised completion of this qualification. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme
- New staff completed induction and shadowing. One staff member told us, "I did an induction. I worked with staff to introduce things to me and had three days shadowing. I have done all the training." Staff felt they were supported to develop their skills and knowledge.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to eat and drink. Staff told us they made home cooked meals to people's tastes. A staff member was proud of how they encouraged a person to eat and drink. The staff member told us, "I cook it [food] exactly how [person's name] wants it - we cook together – [person's name] finishes the whole plate [person's relative] says thank you, my [relative] is eating really well. They are so pleased."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's daily wellbeing needs were met. Processes to identify and report people's changing health needs were established. Concerns were shared by staff or the management team with relevant health and social care professionals. One staff member told us, "Problem will be sorted in one day, or by the evening, like contacting the GP, District Nurse, Single Point of Access team. I can call them myself as I know the numbers but if not I will inform the manager and the team will sort
- Some people had emergency grab sheets in place which would enable joined up care to be delivered if people went into hospital for example.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

● People's capacity to make a decision was assessed. A staff member told us, "In my point of view the mental capacity act means if the service user has ability/consciousness to take own decisions, they should, we support them." People were encouraged to make decisions and not forced to do anything they did not wish to.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● Staff were caring. One person told us, "The staff are very compassionate, thoughtful, and caring." A relative told us, "The staff are really caring and have got to know her well; they have a good rapport."

● People were treated with kindness and compassion. A relative told us, "The staff are very compassionate, thoughtful, and caring and I mean all the staff." The senior management team described examples of where staff had gone out of their way to ensure people had all their needs met at times outside of their usual care calls.

Supporting people to express their views and be involved in making decisions about their care

● People were involved in decision making. People were at the centre of their care and encouraged to make decisions. Staff listened to what people wanted and took time to meet their wishes where possible.

●Staff worked alongside people and their families. One relative told us, "We have good communication and if they [staff] need to, they [staff] will leave me notes. Things run really well; it is like having an extra pair of eyes for me." This meant information was shared appropriately and where necessary to improve people's health and well-being.

Respecting and promoting people's privacy, dignity and independence

● People were treated with dignity. A relative told us, "They [staff] treat us both respectfully and my (relative) with such dignity". A person told us, "When they [staff] do hoist me, they [staff] make sure I am comfortable and keep me covered".

● People's independence was encouraged. One person told us, "They [staff] act on my abilities that visit me encourage me when I need it. They can hoist me, but I don't always need it, when they do hoist me, they make sure I am comfortable and keep me covered." Staff told us they worked to promote people's independence and encouraged them to do the things they could.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had choice and control. People were involved in planning their care and directed how they wanted their support providing. Staff accommodated people's wishes and preferences and worked to carry out care in ways people were happy with.
- Staff knew people. Staff were knowledgeable about people's needs and how they liked their care delivered. One person told us, "I am happy with my care plan although most of the staff know me so don't tend to read it regularly. Sometimes new staff will ask me or rely on the other carer's knowledge. They work with me which is the most important thing."
- People's wellbeing was promoted. Staff provided social interaction and encouraged people to use their gardens and the local community where people could.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded. Staff were aware of any communication difficulties people had and adapted their approach to encourage effective communication. Information could be provided in large print, pictorial formats, braille and different languages if required.

Improving care quality in response to complaints or concerns

- Complaints were investigated. Policies and procedures were in place and we found complaints were documented and investigated. Actions were taken following complaints to avoid concerns from occurring again.
- People felt listened to. People and their relatives felt able to raise complaints and felt concerns would be addressed. One person told us, "I would ring the office if there was a problem. I am sure they would deal with anything that cropped up."

End of life care and support

- There were no people receiving end of life care at the time of inspection. The service could however provide this level of care working alongside relevant health and social care professionals if required.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● The service was well-led. While there was not a registered manager in post, the nominated individual was heavily involved in the running of the service. This meant there had been no negative impact to people using the service. A manager was in place and was making an application to be registered with CQC.

● The culture was positive. All staff were highly passionate about ensuring people received person-centred and high-quality care. Staff felt able to share their views about how to improve people's care experiences.

● There was oversight of the service. Systems and processes were in place to monitor how care and support was provided. All staff had access to an online system via an app where information about people's needs or changes to care plans could be shared. The manager and nominated individual monitored the app and took actions if staff raised concerns.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

●Communication was honest. The nominated individual and manager had an open and transparent approach. Staff and people felt able to approach them and that their concerns would be listened to.

● Staff received regular supervisions. A staff member told us, "We have supervisions, sometimes the director or the co-ordinator, we have observations, they do the form they check us." Staff felt able to ask questions and seek support to improve their practice and deliver safe treatment and care.

●Monitoring systems were in place. An electronic system was used to share information and updates with staff. It also allowed oversight to be maintained by the nominated individual and the manager to ensure people received their commissioned care calls.

● Quality assurance was completed. A variety of audits were completed to identify areas that required improvement. Actions were completed following the audit to help drive improvement and improve the quality of care people received.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

● People's views were sought. People told us they were contacted to feedback about their care regularly. One person's relative told us, "They do ring from time to time to see how things are and ask if we are happy etc." Some people felt however communication about changes to the service, for example, were not always regularly provided and could be improved.

● There was a focus on continuous learning. The nominated individual and manager encouraged training and staff development. Incidents and complaints were analysed to reduce the risk of concerns occurring again. Learning was shared in team meetings and updates to staff.

Working in partnership with others

● Partnership working was in place. Staff told us they worked closely with health and social care professionals to meet people's needs. One relative told us, "They [staff] have been very good with [person's name] when they came out of hospital. [person's name] had pressure sores and together with the district nurse the carers have looked after [person's name] and all their areas are now clear."